

MAR 16 2005

sanofi pasteur

The vaccines business of sanofi-aventis Group

Intellectual Property – Knerr Building
One Discovery Drive
Swiftwater, PA 18370 USA

Telephone: 570-839-5537
Facsimile: 570-895-2702
E-Mail: robert.yoshida@sanofipasteur.com

Fax

To:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Facsimile: (703) 872-9306

From:
Robert Yoshida
Sanofi Pasteur Inc.

This facsimile is 8 pages, including this cover page

March 16, 2005

Re: **Appl. No.:** 10/030,313
 Applicant: Sheena M. Loosmore et al.
 Filed: May 7, 2002
 Title: Multi-Component Vaccine to Protect Against Disease Caused by Haemophilus
 Influenzae and Moraxella Catarrhalis
 TC/A.U.: 1645
 Examiner: Graser, Jennifer E
 Docket No.: 1038-1212 MIS

This facsimile consists of:

Transmittal Form (1 page)
Cover Letter (1 page)
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address Form
(1 page)
Power of Attorney and Correspondence Address Indication Form (2 pages)
Statement under 37 CFR 3.73(b) Form (1 page)
Certificate of Transmission under 37 CFR 1.8 (1 page)

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY
CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE
LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE
FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION,
DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS
COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY AND RETURN THE ORIGINAL MESSAGE TO US VIA THE
U.S. POSTAL SERVICE ADDRESSED TO SANOFI PASTEUR INC., ONE DISCOVERY DRIVE, SWIFTWATER, PA 18370 USA.
THANK YOU

PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0551-0051
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/030,313	
	Filing Date	May 7, 2002	
	First Named Inventor	Sheena M. Loosmore	
	Art Unit	1645	
	Examiner Name	Graser, Jennifer E	
Total Number of Pages in This Submission	7	Attorney Docket Number	1038-1212 MIS

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b); Cover Letter, and Certificate of Transmission
Remarks The total number of pages in this submission includes this Transmittal Form		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Sanofi Pasteur, Inc.	
Signature	<i>Robert Yoshida</i>	
Printed name	Robert Yoshida	
Date	MARCH 16, 2005	Reg. No. 54,941

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Appl. No.: 10/030,313
Applicant: Sheena M. Loosmore et al.
Filed: May 7, 2002
Title: Multi-Component Vaccine to Protect Against Disease Caused by Haemophilus
Influenzae and Moraxella Catarrhalis
TC/A.U.: 1645
Examiner: Graser, Jennifer E
Docket No.: 1038-1212 MIS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FACSIMILE: (703) 872-9306

**REVOCATION OF POWER OF ATTORNEY
WITH NEW POWER OF ATTORNEY**

Sir:

Attached herewith are: 1) Transmittal Form, 2) Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address Form, 3) Power of Attorney and Correspondence Address Indication Form, 4) Statement Under 37 CFR 3.73(b) Form, and 5) Certificate of Transmission under 37 CFR 1.8.

Though the Applicant does not believe that any fees are due for submission of these forms, please charge any fees that may be required to Deposit Account No. 50-0244.

Applicant respectfully requests consideration and entry of these papers. Should the Examiner have any questions concerning this submission, she is invited to contact the undersigned at (570) 839-5537.

Respectfully submitted,

Date: March 16, 2005

By: Robert Yoshida

Robert Yoshida
Reg. No. 54,941
Sanofi Pasteur, Inc.
Intellectual Property - Knerr Building
One Discovery Drive
Swiftwater, PA 18370
Telephone: (570) 839-5537
Facsimile: (570) 895-2702

2005 6 2005

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/030,313
Filing Date	05/07/2002
First Named Inventor	Sheena M. Loosmore
Art Unit	1645
Examiner Name	Graser, Jennifer E
Attorney Docket Number	1038-1212 MIS

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number: **OR**☒ Firm or
Individual Name Robert Yoshida, Sanofi Pasteur, Inc.Address Intellectual Property-Knerr Building
One Discovery Drive

City Swiftwater State PA Zip 18370

Country USA

Telephone 570-839-5537 Fax 570-895-2702

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Signature 

Name Robert Yoshida

Date March 16, 2005

Telephone (570) 839-5537

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/030,313
Filing Date	May 7, 2002
First Named Inventor	Sheena M. Loosmore
Title	See 1 in Addendum
Art Unit	1645
Examiner Name	Graser, Jennifer E
Attorney Docket Number	1038-1212 MIS

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert Yoshida	54,941
Patrick Halloran	41,053
Thomas Bordner	47,436
John Parrish	35,315

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Robert Yoshida, Sanofi Pasteur, Inc.Address Intellectual Property-Knerr Building
One Discovery Drive

City Swiftwater State PA Zip 18370

Country

Telephone 570-839-5537 Fax 570-895-2702

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Robert Yoshida</i>	Date	March 16, 2005
Name	Robert Yoshida	Telephone	(570) 839-5537
Title and Company	Patent Agent, Sanofi Pasteur, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Addendum

1. **Multi-Component Vaccine to Protect Against Disease Caused by Haemophilus Influenzae and Moraxella Catarrhalis**

PTO/SB/96 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Aventis Pasteur LimitedApplication No./Patent No.: 10/030,313 Filed/Issue Date: May 7, 2002Entitled: Multi-Component Vaccine to Protect Against Disease Caused by Haemophilus Influenzae and Moraxella CatarrhalisAventis Pasteur Limited, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 013771, Frame 0181, or for which a copy thereof is attached.

OR

B ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Robert Yoshida
Signature
Robert Yoshida
Printed or Typed Name
Patent Agent
Title

March 16, 2005
Date
(570) 839-5537
Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

U.S. Appl. No. 10/030,313
Filed May 7, 2002
Attorney Docket No. 1038-1212 MIS

2005

PTO/SB/87 (08-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on 03/16/05
Date



Signature

Robert Yoshida

Typed or printed name of person signing Certificate

54,941

Registration Number, if applicable

(570) 839-5537

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

The following papers listed below are submitted:

Transmittal Form (1 page)

Cover Letter (1 page)

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence

Address Form (1 page)

Power of Attorney and Correspondence Indication Form (2 pages)

Statement under 37 CFR 3.73(b) Form (1 page)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.